MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2	1		1				52	—						
3		2		X			53							
4		(1)		2			54							
5		2		2			55							
6		2		2			56							
7		2		3			57							
8		2		2			58							
9		2		X			59							
10		2		2			60							
11		2		2			61							
12		(1)		X			62							
13		(2)		2			63							
14		2		2			64							
15	1		1				65							
16		1		1			66							
17		1		1			67							
18		1		1			68							
19		1	1				69							
20		1	1				70							
21		2		2			71							
22		2		2			72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3		5				TOTAL IND.							
TOTAL DEP.	30		27				TOTAL DEP.							
TOTAL CLAIMS	33		32				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMDENDMENTS